DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH ✓

State File No. 7868

Registration District No. 733

Primary Registration District No. 4438

Registrar's No.

1. PLACE OF DEATH

(a) County Randolph

(b) City or town Huntsville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) ?

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

(c) City or town Huntsville (If outside city or town limits, write "RURAL")

(d) Street No. 512 S. Main St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Georgia Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ike Robinson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 5 (Day) 1873 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16

year 1940 hour 10 minute 9 a.m. M.

21. I hereby certify that I attended the deceased from Feb 8, 1940 to Feb 16, 1940 that I last saw her alive on Feb 16, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
R. Lower & middle Lobes	9 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy None

8. AGE: Years	Months	Days	If less than one day hr. min.
64 66	2	11	

9. Birthplace Moberly (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name George Marcrat

13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name Sulda Davis

15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Ike Robinson

(b) Address 512 S. Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Robert L. Carr

(b) Address 417 North 5th St

19. (a) Feb-18-1940 (Date received local registrar) (b) Mrs. D A Barnhart (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Huntsville Mo Date signed 2/19/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39
1 x 19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be very careful that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No: 10

District File Number 3-40-810

Date Filed MAR 5 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
—2-21-40
16-2659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7868

Registration District No. 737 Primary Registration District No. 4438 Registrar's No.

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Georgia Robinson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased 12 (Month) 5 (Day) 1873 (Year)

8. AGE: Years 66 Months 2 Days 11 If less than one day hrs. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Apr 12 1940 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. V. Dreyer (M. D. or other)
Address Huntsville Mo Date signed